

RONALD FANTOZZI

14 OF 18

URINALYSIS/TOXICOLOGY/IMMUNOLOGY			
TEST	STAT 124176	0716	16-SEP-97
URINE SPECIFIC GRAVITY	1.008-1.030	1.005	1.020
URINE PH	5.0-8.0	7.0	6.5
URINE PROTEIN	NEGATIVE (MG/DL)	TRACE	NEGATIVE
URINE GLUCOSE	NORMAL (MG/DL)	NORMAL	NORMAL
URINE KETONES	NEGATIVE	NEGATIVE	NEGATIVE
URINE UROBILINOGEN	NORMAL (MG/DL)	NORMAL	NORMAL
URINE BILIRUBIN	NEGATIVE	NEGATIVE	NEGATIVE
URINE OCCULT BLOOD	NEGATIVE (ERY/UI)	APPROXIMATELY 250	APPROXIMATELY 250
URINE RBCS	NEGATIVE (/HPF)	+	+
URINE WBCS	NEGATIVE (/HPF)	+	NEGATIVE
URINE BACTERIA	NEGATIVE (/HPF)	+	NEGATIVE
URINE CRYSTALS	NEGATIVE (/HPF)	NEGATIVE	NEGATIVE
URINE CASTS	NEGATIVE (/LPF)	NEGATIVE	NEGATIVE
URINE MUCUS	NONE SEEN (/LPH)	PRESENT	NONE SEEN
URINE SQUAMOUS CELL	NEGATIVE (/HPF)	FEW	NEGATIVE
URINE TRANSITIONAL S	NEGATIVE (/HPF)	NEGATIVE	NEGATIVE
URINE OTHER CELLS	NEGATIVE (/HPF)	NEGATIVE	NEGATIVE

FANT0771, RONALD M 47295582
- PAGE 3 -

29-SEP-97 AT 04:30 PM (CONT.)
CUMULATIVE REPORT

500685.011.0361

ID: 25860

FINAL REPORT Date : 22-SEP-97 14:41

ORAL FLORA OBTAINED

*** COLLECTION DATE: 19-SEP-97 COLLECTION TIME: 22:40 ID: 25641
CULTURE TYPE: S. MID SOURCE: ARM

FINAL REPORT Date : 28-SEP-97 10:55

NO GROWTH OBTAINED AFTER 8 DAYS

*** COLLECTION DATE: 19-SEP-97 COLLECTION TIME: 21:42 ID: 25643
CULTURE TYPE: BLOOD SOURCE: LEFT ARM

FINAL REPORT Date : 28-SEP-97 10:55

NO GROWTH OBTAINED AFTER 8 DAYS

*** COLLECTION DATE: 18-SEP-97 COLLECTION TIME: 12:35 ID: 25113
CULTURE TYPE: CLEAN CATCH UR SOURCE: URINE

FINAL REPORT Date : 19-SEP-97 10:33

COLONY COUNT NEGATIVE
NO GROWTH OBTAINED

FANT0771: RONALD H 17259502 29-SEP-97 AT 04:30 PM
- PAGE 4 - CUMULATIVE REPORT

500685.011.0362

ST. MARY'S REGIONAL MEDICAL CENTER

PRE-ANESTHETIC EVALUATION

9/16/97 HAILHOT, PAUL B
FANTOZZI, RONALD N
40 POLAND RD
AUBURN NE 68210
C35Y 662 M/N 207-7823673
218103-01 99990089

AGE 36		INTERVIEW DATE: 9/16/97	PROCEDURE DATE: 9/16/97	PHYSICIAN: Moullet
CLINICAL DX: Left side neck stone		PREVIOUS ANESTHETICS/SURGERY <input type="checkbox"/> NONE		
OP PROPOSED: Skull fracture		COMPLICATIONS/REACTIONS: Crohn's disease <input type="checkbox"/> NONE		
HISTORY OF PRESENT ILLNESS		Bowel Resection 1989		
SYSTEMS REVIEW Cardiovascular (MI, CHF, Angina, MI)		FAMILY ANESTH. HISTORY: GB 1950 <input type="checkbox"/> NONE		
Pulmonary (Dyspnea, URI, COPD)		RENAL		
SMOKER: <u>no</u> PACKS/DAY <u>0</u> QUIT		G.I. (Stomach, Bowel)		
CURRENT MEDICATIONS <input type="checkbox"/> NONE		ENDOCRINE (Diabetes, Thyroid)		
REACTIONS <input type="checkbox"/> NONE		OTHER (Jaundice, Hepatitis, Abnormal Bleeding)		
ALLERGIES <u>yes</u> <input type="checkbox"/> NONE		TOBACCO, ETHANOL, OTHER DRUGS <input type="checkbox"/> NONE		
MENTAL STATUS: <u>Asx</u>		LAST ORAL INTAKE		
VITAL SIGNS		GENERAL		
BP		AIRWAY: <u>Clear 1-2</u>		
Temp.		Mouth		
HR		Tooth <u>only</u>		
RR		Neck, Jaw		
LUNGS: <u>Clear</u>		SPINE, REGIONAL ANES. SITE		
HEART: <u>RSK ic</u>		OTHER		
Hb 14.2		ABG		
Hct 41.1		OTHER: <u>Under review</u>		
Pv 12.3		Pv		
SaO2 94.3		PaO2		
K 3.8		PaCO2		
30 CO2		HCO2		
BUN 5		pH		
creat 0.6		pH		
pH in clean lipids		A.B.A. Status 1 2 3 4 5 6		
health		pH + ETT		
Crohn's disease		accept by pt		
(no Meds)		Clear		
BP 133/71		DAY SURGERY POST-OP VISIT		
Temp. 37.5		TIME:		
Pulse 88		A.B.A. Status 1 2 3 4 5 6		
Resp. 18		COMMENTS:		
DATE 9/17		EVALUATION Satisfactory <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		

Form 989

ST. MARY'S REGIONAL MEDICAL CENTER
ANESTHESIA RECORD

PATIENT NAME: <u>M. J. [unclear]</u>		ANESTH. NO.: <u>1 2 3 4 5 E</u>	
PROCESSED BY: <u>[unclear]</u>		PERMIT: <u>Yes</u>	
AGE: <u>36</u>	HT: <u>5' 6"</u>	WT: <u>145</u>	DATE: <u>9-17-97</u>
ALLERGIES: <u>no Med</u>	SHEET: <u>1</u> OF <u>1</u>		
HOLD: <u>39.1</u>			

7259582 NS NR 221342
 9/16/97 RAILHOT. PAUL R
 FANTOZZI, RONALD R
 40 POLAND RD
 AUBURN NE 04210
 (353) 62 H/N 207-7823875
 210-103 01 99990089

ORDER: <u>Report 2000, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000</u>		ANESTHESIA TIME <u>0845</u>	
SURGICAL TIME <u>0835/1000</u>		MACHINE: <u>LED199</u>	
EQUIP. CHECKED PRE-OP: <u>2</u>		INTRA-OP EVENTS:	
<p>(1) pt into room - monitors in + functioning - chest fixed - pt turned into (2) 5:45 - skin prep & Betadine + drapes applied siming - 4x5 interspersed 1st intubated 2:26 Guedes Spinal needle inserted - Nitro flow csk flow - injected Technicare 10yr Fruchly 25mg mid 1/2 of Dextrose 10% Nitro flow csk flow - pt withdrawing needle - spinal lead @ T10 - pt prebend into lithotomy position - arms secured start.</p>		KEY ANES. 2...R OPER. 0...0 BP V A-LINE I PULSE 0 RESP. 0 A 0 C 0	
TOTALS <u>1000</u>		TOTALS <u>1000</u>	
ARRIVAL PACU DATE <u>12/24/97</u> TIME <u>1015</u>		B/P <u>125/62</u> PULSE <u>76</u> RESP. <u>18</u>	
REMARKS: <u>VSS - 02 SUG 97% - NC</u>		<p>Original lead @ T11 [Signature] [Signature]</p>	

500685.011.0364

09/16/97

16:35

Page 1 of 1

ST. MARY'S REGIONAL MEDICAL CENTER

Lewiston, ME 04240

7259582

M8-304

22-13-42

FANTOZZI, RONALD M

DOB: 01/62

PAUL MAILHOT, M.D.

OPERATIVE SUMMARY

Admitted: 09/16/97

DATE OF OPERATION: 09/17/97 BEGAN: 0935 ENDED: 1000

SURGEON: PAUL MAILHOT, M.D. ASSISTANT:

PREOPERATIVE DIAGNOSIS: Left ureteral calculus.

POSTOPERATIVE DIAGNOSIS: Same.

OPERATION: Cystourethroscopy and insertion of a left ureteral stent.

FINDINGS AND PROCEDURE: After adequate spinal anesthesia, the patient was prepped and draped in the usual dorsolithotomy position. Cystourethroscopy was accomplished revealing a normal appearing bladder without evidence of tumor or calculus formation. The posterior urethra was normal without evidence of prostatic enlargement or other anomalies. The anterior urethra was normal. A scout film taken prior to the procedure revealed the obstructing stone to be present at the level of the L3 transverse process on the left. A 6 French quart double J ureteral stent was inserted into the left ureter and advanced past the stone into the upper collecting system. The stent was positioned such that the proximal pigtail was within the renal pelvis and the distal pigtail was within the bladder. The stone remained in the same position at the level of L3. It was difficult to say from today's x-rays whether additional calculi were present within the kidney itself. The stent was internalized and the patient was transferred to the Recovery Room in satisfactory condition.

As an outpatient he will be maintained on Macrobid 100 mg b.i.d. and Tylenol with Codeine 1 to 2 tablets every 4 hours as needed for pain. Arrangement will be made for him to undergo ESWL in the near future.


PAUL MAILHOT, M.D.

D: 09/17/97 PM

T: 09/18/97 AM

PAUL MAILHOT, M.D.
MICHAEL BOULANGER, M.D.
DEPT

(P)
(P)
(P)

500685.011.0365

ST. MARY'S REGIONAL MEDICAL CENTER
CONSENT TO OPERATION, ANESTHETICS,
AND OTHER MEDICAL SERVICES

7259562 MS 221342
 9/16/97 NAILHOT, PAUL R
 FANTOZZI, RONALD M
 40 POLAND RD
 AUBURN ME 04210
 C35Y /62 N/M 207-7823873
 218103-01 99990089

Date September 17, 1997 Time 0400

1. I authorize the performance upon Ronald Fantozzi of the following operation cryptorchidism and testis insertion
 performed by or under the direction of Dr. Mauro

2. I consent to the performance of operations and procedures in addition to or different from those now contemplated, whether or not arising from presently unforeseen conditions, which the above named doctor or his associate or assistants may consider necessary or advisable in the course of the operation.

3. I consent to the administration of such anesthetics in connection with surgical or other medical procedures as may be considered necessary or advisable by any of the Anesthesiologists responsible for anesthesia services at this hospital to be administered by them or others under their supervision. The nature of the Anesthetics likely to be applied in any procedures that are about to be done has been fully explained to me by a physician, including the usual and most frequent risks and hazards encountered with those anesthetics unless I have asked that the physician omit or limit his explanations out of consideration for me.

4. The nature and purpose of the operation, possible alternative methods or treatment, the risks involved, the possible consequences and the possibility of complications have been explained to me by Dr. Mauro and Dr. Mauro. *(See below)

5. I acknowledge that no guarantee or assurance has been given by anyone as to the results that may be obtained.

6. I consent to the photographing or televising of the operations or procedures to be performed, including appropriated portions of my body for medical, scientific or educational purposes, provided my identity is not revealed by the pictures or descriptive texts accompanying them.

7. For the purpose of advancing medical education, I consent to the admittance of observers to the Operating Room.

8. I consent to the disposal by hospital authorities of any tissue or body parts which may be removed.

9. I am aware that sterility may result from the operation. I know that a sterile person is incapable of becoming a biological parent.

10. I acknowledge that all blank spaces on this document have been either completed or crossed off prior to my signing.
 (CROSS OUT ANY PARAGRAPHS WHICH DO NOT APPLY)

PLEASE READ IN FULL BEFORE SIGNING AUTHORIZING SIGNATURES

Bretona F. Chubb
 Witness

Ronald Fantozzi
 Signature of Patient

If patient is unable to sign or is a minor, complete the following: Patient is minor _____ years of age. He/She is unable to sign because _____

Witness

Signature

Relationship

Patient's Name

I certify that the information in number 4 was given to
Mauro
 Physician's Signature
 FMO26

St. Mary's Regional Medical Center

Pre-Operative Checklist

1. Admission Consent
Signed and witnessed Yes
2. Informed Consent
Signed and witnessed
(dated 30 days) Yes
3. ID Bracelet Yes
4. H & P on chart
if not, notified Med Rec.
MD Yes
OR Yes
5. Consultation on Chart Yes
6. Old Records Ordered
On film Yes
7. Pre-Op Teaching By Relis

Day Of Surgery

1. MD Orders Noted/Completed Yes
2. Addressograph Plate on Chart Yes
3. Current I & O Yes
4. MAR, IV Records on Chart Yes
5. IV Started/Location
if not started, OR called
IV Solution/Rate 1000
6. NG Tube/Size 16
7. Foley Cath Yes
8. Prep as Ordered Yes
9. Time Last Voided/
Catheter drained 02:00 PM
5754
10. Weight 64kg
Height 5'6"
11. Premed VS: T37.5 P 88 R 18 BP 138/71
Time: 08:35

12. Premedications Given/Time:
Prep 08:35 08:35
08:35

None Ordered

- 13 Does Patient Have:
Groshong Cath No
Porta Cath No
MML No
Other-Specify No

P10103

7259582 NS NR 221342
9/10/97 HAILHOT, PAUL R
TANTOZZI, RONALD H
40 POLAND RD
AUBURN ME 04210
035Y 062 2/M 207-7823673
215103-01 99990089

ALLERGIES: NoneAllergy Sticker on Chart Yes

Tests Ordered, Results on Chart or Action Taken

Electrolytes done CBC done
Urine on chart EKG done
Chest X Ray done
Preg. Test done
Type and Screen done Date done
X-Match (drawn/Redrawn) done Date done
Units done # Autologous done
Ultrasound done
Other PT, PTT, SMA

Make-up, Fingernail

Polish Removed Yes
Valuables Labeled
and Stored Yes
Ring Yes
Watch Yes
Necklace Yes
Glasses Yes
Contact Lenses Yes
Dentures
(partials/plates) Yes
Hearing Aide Yes
Artificial Limb Yes
Artificial Eye Yes
Underwear Yes

To OR 08:35 Date 9/10/97 Time 08:35Signature Schwarz LPN/RN

C:\PHARM\LIST\NOPE-OP.AM

303

500685.011.0367

St. Mary's Hospital Medical Center
Perioperative Nursing Record

Date: 9-17-92 OR Room # 2 Temp 76

Surgeon Dr. Maubel Asst 7259582 NS NR 221342
Anesthesiologist Dr. Faust CRNA Edenadale 9/16/97 MAILHOT, PI R
SRNA Shiff Relief FAN OZZI, RONALD M
Circulator 1. Michael In Scrub 1. AC CLAND RD
2. Edenadale 2. ALBORN ME 04210
Relief Dr. Maubel In 0855 Out 0905 Relief In Out 0951 762 W/H 207-7623673
Pt. Class II Surgery Time: Start 0935 End 1000 21R 03-01 99990089
Pre-Op Dx Left ureteral calculus

PRE-OP ASSESSMENT

Time In: PAH 0840 OR 0850
Impairment: Vision _____ Hearing _____ LOC _____
Mobility _____ Other _____
Skin Appearance _____
Shave Prep: ☐ Yes ☐ No By: _____
Blood Avail: ☐ Yes ☐ No # Units _____ # Autologous _____
IV's: Peripheral _____ A-Line _____ Swanz _____ CVP _____
Epidural _____ Other _____ Inserted By: _____

Pt. Statements: NPO since _____ Allergies _____

Yes	No	Test	Yes	No	Test	Yes	No
<input checked="" type="checkbox"/>		CBC	<input checked="" type="checkbox"/>		CXR		
<input checked="" type="checkbox"/>		JA	<input checked="" type="checkbox"/>		EKG		
		LYTES	<input checked="" type="checkbox"/>		H&P	<input checked="" type="checkbox"/>	
		SCREEN			CONSULT		
		PREG					
		US					

Pt. Identified _____
Surgery Confirmed _____
Consents Correct/Complete _____
Special Consent Form _____
Traction/Cast _____

INTRA-OP ASSESSMENT

Nursing Diagnosis	Desired Patient Outcome	Nursing Intervention	Comments
Anxiety secondary to surgery and environment	*Pt verbalizes questions and concerns regarding surgery. *Pt demonstrates basic knowledge regarding surgery.	*Explanation of intraoperative course. *Provide emotional support.	<u>P. Brimer</u> Signed _____ RN

Table	Equipment <input type="checkbox"/> NA	Padding <input type="checkbox"/> NA	Tourniquet <input type="checkbox"/> NA	Electrosurgery <input checked="" type="checkbox"/> NA
<input type="checkbox"/> Amsco/Shampaine	<input type="checkbox"/> Butt Pad	<input checked="" type="checkbox"/> Pillows	Upper Arm R _____ L _____	Monopolar # _____
<input type="checkbox"/> Chick/Siemens	<input type="checkbox"/> Vac Pac	<input checked="" type="checkbox"/> Blankets	Thigh R _____ L _____	Cut _____ Coag _____
<input type="checkbox"/> Electropoise	<input type="checkbox"/> Foamboard	<input type="checkbox"/> Foam Pad	Time Up _____ Down _____	Pad Site _____
<input type="checkbox"/> Orthopedic Fx	<input type="checkbox"/> Sandbag	<input type="checkbox"/> Other _____	Time Up _____ Down _____	Lot # _____
<input checked="" type="checkbox"/> Cysto	<input type="checkbox"/> K-Pad	Position _____	Applied By _____	Skin Integrity _____
<input type="checkbox"/> Cedar Frame	<input type="checkbox"/> Teds/SCD	<input type="checkbox"/> Supine <input type="checkbox"/> Lat R _____ L _____	Pressure _____	Bipolar # _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Ambboards	<input type="checkbox"/> Prone <input type="checkbox"/> Other _____	Type/# _____	Setting _____
	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Lith		

Surgical Prep <input type="checkbox"/> NA	Medications <input checked="" type="checkbox"/> NA	Irrigation <input type="checkbox"/> NA	Catheter <input checked="" type="checkbox"/> NA	Nasogastric Tube <input checked="" type="checkbox"/> NA
<input checked="" type="checkbox"/> Sol	Ungit: _____	<input type="checkbox"/> N/S	<input type="checkbox"/> Came With _____	<input type="checkbox"/> Came With _____
<input checked="" type="checkbox"/> Scrub	Drops: _____	<input type="checkbox"/> LR	<input type="checkbox"/> Straight Cath	Type _____
<input type="checkbox"/> Iodine	Inject: _____	<input checked="" type="checkbox"/> H2O	Size _____ Amt _____	Inserted By _____
<input type="checkbox"/> Gel	Other: _____	<input type="checkbox"/> BSS	By _____	Time _____
<input type="checkbox"/> Other <u>MD</u>	Site: _____	<input type="checkbox"/> Other _____	Time _____	

X-Rays in OR: ☐ No ☐ Portable ☐ C-Arm ☒ Cysto ☐ Dye

Drains ☒ No ☐ Yes Type _____ Site _____

Packs ☒ No ☐ Yes Type _____ Site _____

Immobilizers: ☒ NA ☐ ABD Pillow ☐ Cervi Collar ☐ Sling

☐ Splint ☐ Cast

Surgical Implants ☐ NA

Removed _____

Inserted: (not stickered) Place Stickers on Back

Type Lat 100/9 Size _____

Company Huawei Material # _____

Specimen ☒ No ☐ Yes _____

To Lab ☒ No ☐ Yes _____

Frozen ☒ No ☐ Yes _____

Cultures ☒ No ☐ Yes _____

☐ Aerobic ☐ Anaerobic Site _____

POST-OP ASSESSMENT

Post Op Dx Left ureteral calculus

Procedure Cysto with lap assist

Anesthesia Type Spinal

EBL 100 ML Blood Given _____ ML # Units _____

Condition Stable Wound Class 2 Time Out 0955 To PACU _____

Counts: ☐ Correct ☐ Incorrect ☒ NA

Sponge: ☐ No ☐ Yes ☐ Abort Initial: Circ _____

Sharp: ☐ No ☐ Yes ☐ Abort Final: Circ _____

Instr: ☐ No ☐ Yes ☐ Abort Final: Circ _____

Comments _____ Relief: Circ _____

Nursing Diagnosis	Desired Pt Outcomes	Nursing Interventions	Additional Comments:
Potential for injury secondary to: * Impaired physical mobility * Foreign body * Chemical/electrical hazard * Infection	* Pt will be free of nerve palsy, foreign body, chemical and electrical injury. * Pt will be free of infection	* Proper alignment maintained * Proper ground pad placement * Proper padding at prominences * Counts conducted according to policy * Monitor & enforce aseptic technique	<u>Michael In</u>

500685.011.0368

Index

7259502 NS MR 221342
9/16/97 MAILHOT, PAUL R
FANTOZZI, RONALD M
40 POLAND RD ME 04210
AUBURN
C 55 [REDACTED] 62 M/M 207-7023873
218103-01 99990089

Medication Record

Infusion Record

Nurse's Signature	Init.	Nurse's Signature	Init.	Nurse's Signature	Init.
				<i>[Signature]</i>	<i>LL</i>

Physician's Order

1. Oxygen ☒ Face Tent F102 ☐ %
☒ Nasal Cannula
2. Neutralize Treatment in PACU
☐ ☐ ☐
3. Oximetry Post - Op
☐ ☐ ☐
4. Intravenous Fluids in PACU
☒ Follow present IV with same solution
☐ Continue with present IV
5. Pain Medication (if no allergy) in PACU
☒ Morphine Sulfate 1-5 mg IV PRN
☒ Meperidine 12.5 - 25 mg IV PRN
☐ Analgesic (if no allergy) in PACU
6. Precedopazine 5-10 mg IV PRN w/
max dose of 10 mg
☐ ☐ ☐
7. Accurately while in PACU
☒ q 1 hour I.D.D.M.

9. Return to room when patient meets discharge criteria *VB 20081012*

PAGE NUM:

Floor Nurse:

SECRET

2

O.R. Charge by: *JO*

O.R. SERVICE CHARGES

CAUTERY REG B/P CMC

CONE

CRYO/FRIGITONIC

CUSA

DRILLS/SAW

ELEC-HYDRO LITHO

LASER CO₂ YAG

MIDAS REX/TOOL x1 +

MINI C-ARM

NUCLEOTOME/PACK

SCOPE Micro Endo ✓

SHAVER/BLADE x1 +

STEALTH

TOURNIQUET

VITRECTOMY/Pack

PT Charge Cards:

Acc Size

Accutemp

Adaptic 3x3 3x8

Bile Bag

Bladder Tray

Blue Ear Syringe

Cath Sec

Celo Bag/Clamp Size

Clo Drainage Bag

Conform Size

Conray Dye 407-9986

Cysto Set

Delta Lyte 2" 3" 4" 5"

Eye Shield RT LT

Foley Size

Gauze: IO PI Vas

Head Halter

IV Fluid <250

IV Fluid >500

Immobilizer Type Size

Kelly Prep

Kerlix

Pleur Vac

Razor

Reno 30 DYE 407-9985

Scrot Sup Size

Sleeves SCD Size

Sp Needle Size

Stocking TED size

Steristrips Size

Suct Cath Size

Toomey

TUR set

Urometer

Xeroform 1x8 5x9

OB/GYN

C-section Pack 5080

Hemi Manipulator 5065

Laser Tubing/Filter 6212

Peri GYN Pack 5082

Suction D & E 507A

Vag Pack (c.s.)

CARDIOVASCULAR

Adherent Clm Cath 5111

Embolectomy Cath 5185

Fem Cath 5354

Port. Hickman Kit 5471

Port. MRI 5370

Surgipaws 5353

Suture Boots 5374

Vann Loops 5455

EYES

#4736 Blade 1107

#7513 Blade 1092

#681.13 Blade 1115

#681.21 Blade 1290

Alcon Slit/Crescent 1305

BSS Admin Set 1140

Cannula 27g 1172

Cataract Pack 1316

Catch Bag 1005

Corneal Transplant 1135

NAME OF BANK

Cystotome Needle 1181

Eraser 1240

#1213 Eye Drape 1207

Irrig Ocultome Probe 1139

Lens Glide 1310

Ocu Occluder 1330

Phaco Supply Kit 1111

Visco Flow Cannula 1170

URO

Cysto Pack 4265

Disp. Ellick 4177

Fulg Cord 4142

Laser Side Fire Fibers 4034

Lingeman Pack 4175

Mynopt Bx Instr. 4178

Resectoscope Loop 4032

Tru Cut Bx Needle 4180

ENDOSCOPY

Bard Gyne Flo Irrig/Asp 7040

Cholang Cath 6028

Converters 5399

Endo Carpel Tunnel Kit 7016

Endoclip 6081

Endo GIA 7009

Endo GIA Reload 7011

Endo Hernia 7001

Endo Hernia Reload 7002

Endoloops 6389

Insufflator Tubing 7032

Lap Appy Kit 7015

Lap Chole Access Kit 6209

Laparoscopy Pack 6278

Laser Fibers 5071

Marlow No Tip 7010

Suct/Irrig. Probe 7039

Suct/Irrig. Probe w/Rt Angle 7041

Surgipac Mesh 7035

3mm Trocar 5402

The Right Clip 7012

Verres Needle, Disp. 7006

5-11 Versaport 5400

5-12 Versaport 5404

*3PT Intellig**Intellig**Intellig**Intellig**Intellig**Intellig**Intellig**Intellig**Intellig**Intellig**Intellig**Intellig**Intellig**Intellig**Intellig**Intellig**Intellig**Intellig**Intellig*

7259582 MS NR 221342
 9/16/97 HAILHOT. PAUL R
 FANTOZZI, RONALD N
 40 POLAND RD
 AUBURN NE 04210
 C35Y 62 H/M 207-7823873
 218103-01 99990089

GENERAL/MISC SUPPLIES

Basic Pack 6280

Bag Spout 4150

Disc Pad 6286

Disp Bulb Syringe 6400

Drain J.P. w/Reservoir 6128

Drain Davol 6096

Drain Chest 6109

1010 Drape 6138

6640 Drape 6159

6650 Drape 6157

Dura Prep 6164

Ext Sheet 9046

Hemoclip (sm)

Hemoclip (med) 6211

Hemoclip (med/lg) 6213

Hemoclip (lg) 6215

Instr Pad 6282

Lap Sponges 6324

Lap T-Sheet 6318

Liner - Reg 6216

Liner - Baxter 4052

Marker 6297

Mayo Cover 6094

Microfoam Tape 6404

Needle Tip/Ext. Blade 6235

Patties 6287

Peanuts 6296

Red Rubber Cath 6420

Sleeve 6002

Solo Prep 6322

Staples 35w 6364

S Tubing 20' 6466

Surgicel Sm 6393

Surgicel Lg 6391

Table Cover 6090

Tegaderm 1232

Tipolisher 6408

Tips Argyle 6396

Tips Poole 6394

Tips Reg 6410

U-Sheet 6316

Utility Drape 6412

ENT

Doyle Splints 1515

Glasstrock Dressing 1235

Instr. Wipes 1915

Micromtek 1320

Nasal Tampons 1618

Sm Ear Drape 1215

Tonsil/polyp Snare 1500

Tonsil Sponge 1530

Tube, Ear 1715

Tym Tap 1622

*ENT**ENT**ENT**ENT**ENT**ENT**ENT**ENT**ENT**ENT**ENT**ENT**ENT**ENT**ENT**ENT*

ORTHOPEDICS

Arthros Liner & Trap 8016

Arthroscopy Pack 8407

Arthroscopy Tubing 9128

Barrier U Drape 8125

Bone Dri Wick 8046

Cast Padding 8056

Cement 8058

Cement Mixing Bowl 8044

Cement Gun Kit 8060

Cloud 9 Pad 8080

Coban 4" 8068

Coban 6" 8070

Drape C-Arm 8128

Drape Mini C-Arm 8179

Drape X-Ray 8126

Drill Bits #310 Series 8148

Drill Bits, Twist 8139

Femoral Brush 8048

Gown Disp. 8180

Intestinal Bag 6010

Isolation Drape 8138

K-Wires 8286

K-Wires #292 Series 8299

Plaster Cast/Splint Adult 0107

Plaster Cast/Splint Child 0108

4 x 5 Stockinette 9110

6 x 48 Stockinette 9096

6 x 60 Stockinette 9100

Stockinette Lg Imp 9094

Stockinette Imp 9102

Simpulse Tubing/Tip 6398

NEUROLOGY

Ant Cerv. Disc. 3001

Blue Foam Face Pad 8055

Bone Wax 9132

Cloward Ann Set 3004

Codman Perf 3020

#3100 Connect Tubing 9130

Crani Blade 3005

Crani Sheet 3095

Epidural Cath 3074

Frazier Tip 3092

Jelco 6201

Microdisc. Neuro 3002

Olsen Blade 3012

Phill Collar 8074

Scope Drape 1230

Wire Pass Drill 9170

For Sec. Use Only

OR Hours:

Recorded:

Input: Charges:

PO Made:

ORO31

500685.011.0373

St. Mary's Regional Medical Center **Operating Room Charge Sheet**

Injectables

1288	Decadron 4mg/ml vial (Dexamethasone)
3082	Depo-Medrol 40mg vial
3085	Depo-Medrol 80mg vial
1741	Epinephrine 1:1000 Tubex
2044	Gentamycin 80mg/2ml vial
2056	Glucagon 1mg vial
5464	Heparin 10 units/ml 30ml vial (Hep-Lock)
5803	Heparin 1000 units/ml 10ml vial
2224	Heparin 5000 units/ml Tubex
2419	Indigo Carmine 10ml amp.
5985	Kefzol Irrigation 1g/1000ml
2647	Lidocaine 1% 20ml vial
2662	Lidocaine 2% 20ml vial
5673	Lidocaine w/Epi 1% 20ml vial
5674	Lidocaine w/Epi 2% 20ml vial
2794	Mannitol 25% 50ml
5794	Methylene Blue 1ml amp.
3058	Methylene Blue 10ml amp.
3223	Mitomycin 0.3mg 10.6 ml
3781	Neo-Synephrine 1% 10mg vial
5080	Pitressin 20 units/amp (Vasopressin)
3553	Papaverine 30mg amp.
2890	Polocaine MPF 2% 20ml
5773	Sensorcaine 0.5% MPF 30ml
6024	Sensorcaine 0.5% w/Epi MPF 30ml
0610	Sensorcaine 0.25% w/Epi MPF 30ml
5772	Sensorcaine 0.25% MPF 30ml
4414	Sodium Bicarbonate 8.4% 50ml
2311	Solu-Cortef 100mg/ml vial
3097	Solu-Medrol 40mg/ml vial
5923	Urokinase 5000 units
2263	WyDase 150 units/ml vial
2266	WyDase 1500 units/10ml vial

Narcotics

5706	Astromorph 10mg/ml
5257	Cocaine Flakes 325mg
1072	Cocaine Solution 10% 4ml

Eye Preparations

6012	Amvisc Plus 0.8ml
0403	Atropine 1% 5ml
5820	Betagan 0.5%
5528	Betaxolol 0.5% (Betoptic)
4522	BSS 15ml
4525	BSS 500ml
4528	BSS Plus 500ml

Signature: _____

Date: _____

for Pharmacy charges, print

7259581-1 NS NH 221342
 9/16/97 NAILHOT, PAUL R
 FANTOZZI, RONALD H
 40 POLAND RD
 AUBURN NE 04210
 C35Y 62 M/H 207-7823875
 218103-01 99990089

Pharmacy CC420

Eye Preparations - Cont

5765	Collagen Shield
1156	Cyclogel 1% 2ml
1153	Cyclogel 2% 2ml
0343	Duracars
1936	Fluorescein 2%
2032	Gentamicin Sol. 5ml
1294	Maxitrol Ointment 3.5g
3349	Maxitrol Suspension 5ml
0061	Miochol 2ml/vial (Acetylcholine)
0697	Miostat 0.1% (Carbachol)
3760	Mydrin 2.5% sol 5ml (Phenylephrine)
3376	Neomycin, Bacitracin, Polymycin Eye Oint. 1/8oz
6079	Phaco Drug Kit
3763	Phenylephrine 10% dropperette
3823	Pilocarpine 1% sol. 15ml
3826	Pilocarpine 2% sol. 15ml
5736	Pilocarpine 4% GEL (Pilocarpine)
0451	Polysporin Oint. 3.5g
5661	Puralube Ointment
4708	Tetracaine .5% Solution (dropperette)
5910	Timoptic 0.5% (Ocudose) 0.45ml
4885	Tobrex 0.3% sol. 5ml
5767	Tobradex 2.5ml
5775	Tobradex Ointment 3.5g

Topicals

4114	Aminocerv Cream (Urea Combo Vaginal Cr)
3532	Afrin 0.5% Spray
4606	AVC Cream 15%
5636	Avitene Can 1g (Microfibrillar Collagen)
3178	Avitene Sheet 70x35 (Microfibrillar Collagen)
0445	Bacitracin Ointment 15g
6068	Betadine Spray
3364	Cortisporin Solution
3367	Cortisporin Suspension
3931	Efdodine Ointment 30g
2011	Gelfilm
2017	Gelfoam Sponge (small)
5675	Gelfoam Sponge (large)
6102	Gelfoam Powder
6066	Gentamycin Irrigation
3187	Mineral Oil Sterile 10ml
3376	Neosporin Oint. 15g
5621	Neosporin Irrigation Sol. 250ml
3769	Neo-Synephrine 0.125% sol
3775	Neo-Synephrine 0.25% Spray
1831	Ogen Vaginal Cream (Estrogen)
0454	Polysporin 15g Ointment
4360	Silvadene 20g (Silver Sulfadiazine)
4855	Thrombin 5,000 units - Vial
3376	Triple Antibiotic Ointment
2653	Xylocaine Jelly 2%

500685.011.0374

St. Mary's Regional Medical Center Doctor's Order Form

Diagnosis:

Drug Allergies:

NKA

Fantozzi

7259582 MS MR 221342
11/16/97 HAILHOT, PAUL R
FANTOZZI, RONALD R.
40 POLAND RD
AUBURN ME 04210
035Y 62 M/M 207-7823873
218103-01 99990089

☐ In Accordance with Our Formulary System The Use Of
Generic Equivalents Acceptable Unless Box Checked.

Addressograph Imprint

Doctor's Order Form Instructions For Use

1. Imprint Before Placing in chart.
2. Fax To Pharmacy Each Time The Doctor Writes A Set Of Orders
3. Indicate Fax Orders By Placing Initials In Column Opposite Doctor's Signature
4. The Signature Of A Doctor Must Accompany Each Set Of Orders.

Date	Time		Initial When Faxed
9/16/97		Order to G.4. service	
		Ran time US K	
10/4/97		Clia signed K.	
		W/ RL 125 cc/L. L MAR	
		Good Profile - showed well	
		Revised panel in Art. K	
		Supernova 0.5 1V 940 pm. MAR	
		Compazine 10 1H 960 pm. MAR	
		Restonul 30 2 pm. MAR	
		To K	
		Pre op for Art. V	
		- NPO PM K	
		- TEDS K	
		- Consent, Cyst, (2) Ureteral Stent L	
		Shunt L	
		- F.lect. enema tonight CMAK	
9/16/97		Noted of Paulina 1532	
		Noted Vangion 9/16/97	MAR

F80113

ORIGINAL FOR CHARTS
DOCTOR'S ORDER FORM

C:\PHARM\HOSPITAL\FORMS\HFM

St. Mary's Regional Medical Center
Doctor's Order Form

Diagnosis:

Drug Allergies:

7259582 NS NR 221342
9/16/97 MAILHOT, PAUL R
FANTOZZI, RONALD M
40 PCLAND RD
AUBURN ME 04210
CITY 207-7823873
218103-01 99990089

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Addressograph Imprint

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3. Indicate Fax Orders By Placing Initials In Column Opposite Doctor's Signature
4. The Signature Of A Doctor Must Accompany Each Set Of Orders.

Date	Time	Order	Initial When Faxed
9/17/97		115, 9 15' til table, 9 10 x 4 route Signature to D.F. 10/19/97 RL 125 cc/h. Strong Mr. cast per. Allcare pul op med. order. Vitalacordan 1003 po bid Percocet T-Ti 9 40 per. Remove Rectal Tube in PT @ 9. 9/17/97 @ 1130 J. Cammiller M. Cammiller	(initials)
9/17/97	1630	Deling Nasal spray per M. Cammiller	KA
9/17/97		Noted C. Cammiller per M. Cammiller	M. Cammiller
9/17/97		Foley to grow to 1000 cc per M. Cammiller	KA
9/17/97		Noted C. Cammiller per M. Cammiller	M. Cammiller

F00117

ORIGINAL FOR CHARTS
DOCTOR'S ORDER FORM

© 1997 ST. MARY'S REGIONAL MEDICAL CENTER

St. Mary's Regional Medical Center
Doctor's Order Form

Diagnosis:

Drug Allergies:

7259582 NS HR 221342
 9/16/97 HAILHOT, PAUL R
 FANTOZZI, RONALD M
 40 POLAND RD
 AUBURN KE C4210
 (351) 662-462 H/H 207-7823875
 218103-01 99990089

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 Generic Equivalents Acceptable Unless Box Checked.

Addressograph Imprint

Doctor's Order Form Instructions For Use

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2. Fax To Pharmacy Each Time The Doctor Writes A Set Of Orders
3. Indicate Fax Orders By Placing Initials In Column Opposite Doctor's Signature
4. The Signature Of A Doctor Must Accompany Each Set Of Orders.

Date	Time		Initial When Filed
9/18/97		10/1/97 ✓ u/a - u/c ✓ ✓ u/c Macrodantin MAR ✓ u/c 400g 1x 9/12 MAR ✓ u/c 400g 1x ✓ CBC today. OK 10/5/97 ✓ Replace Foley if unable to void.	(74)
9/18/97		noted @ 0915 J. Richard ✓ u/c 10/5/97 ✓ u/c 10/5/97	
9/18/97	1730	CT scan abd + pelvis in Am. SP (unilateral) stent placement. Catheterized, void, urinary retention Analgesic: CBT, RP, Arnygas	
9/18/97		noted 9/18/97 J. Richard ✓ u/c 10/5/97 ✓ u/c 10/5/97	
9/19/97		u/c all at 10/5/97 u/c 10/5/97 u/c 10/5/97	74
9/19/97		noted 9/19/97 J. Richard ✓ u/c 10/5/97 ✓ u/c 10/5/97	

750113

ORIGINAL FOR CHARTS
 DOCTOR'S ORDER FORM

500685.011.0378

St. Mary's Regional Medical Center Doctor's Order Form

Diagnosis:

Drug Allergies:

7254582 NS KR 221342
8/10/97 HAILHOT, PAUL R
FANTOZZI, RONALD H
40 POLAND RD
AUBURN
ME 04210
(207) 625-7823
214103-01 9990089

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Generic Equivalents Acceptable Unless Box Checked.

Addressograph Imprint

Doctor's Order Form Instructions For Use

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2. Fax To Pharmacy Each Time The Doctor Writes A Set Of Orders
3. Indicate Fax Orders By Placing Initials in Column Opposite Doctor's Signature
4. The Signature Of A Doctor Must Accompany Each Set Of Orders.

Date	Time	Initials	Prescription
9/19/97			CBC & RP in Art. Hydrocortisone Daily at 10 AM D/C Foley Cat 6 AM Vital Signs po tid max
9/19/97			Metoprolol 50 mg po bid
19 SEP 97	10:54 AM		1) BLOOD CULTURES x 2 (I HAVE AWAY) 2) SPUTUM C+G 3) LIVER PANEL 4) Δ CIPRO 500 MG PO BID MAX 5) CIMETIDINE 400 MG PO BID MAX 6) MR. JEFF BROWN TO COVER ME THIS WEEKEND
9/19/97			Metoprolol 50 mg po bid
9/20/97			Cap IV up yds over 1000 po T.O. Dr. Hailhot / M. Carman
9/21			Cap IV
			next M. Carman 9/21 0210

ORIGINAL FOR CHARTS
DOCTOR'S ORDER FORM

720113

C:\MSD\PHARMACY\DOCTOR'S ORDER FORM

500685.011.0379

St. Mary's Regional Medical Center Doctor's Order Form

Diagnosis:

Drug Allergies:

725
9/16/97 NAILHOT, PAUL R
FANTOZZI, RONALD R
40 POLAND RD
AUBURN NE 68210
CYSY 218103-01 99990089
207-7823873

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Generic Equivalents Acceptable Unless Box Checked.

Addressograph Imprint

Doctor's Order Form Instructions For Use

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2. Fax To Pharmacy Each Time The Doctor Writes A Set Of Orders
3. Indicate Fax Orders By Placing Initials In Column Opposite Doctor's Signature
4. The Signature Of A Doctor Must Accompany Each Set Of Orders.

Date	Time	Order	Initial When Placed
Sept 21 1997		change to observation status. ^{superior} above	
		noted 4M Armstrong J. Braeman 9/21/97	MA
9/21		Hold Buprenex Toluen Somy po q 4 ^h per for pain max T.O. DR. Moulhot / J. Deschamere noted J. Deschamere 9/21/97 @ 2135	FR MA
9/21		Dr. Toluen max Dr. Percocet max Ultrason Somy po q 4-6 ^h per max T.O. Carolyn Bower RPH / Dr. Moulhot / J. Deschamere noted J. Deschamere 9/21/97 @ 2219	FR MA
9/21		Straight cath per T.O. DR. Osterin / J. Deschamere noted J. Deschamere 9/21/97 @ 2219	FR MA
9/22/97		Dr. Moulhot late this afternoon. Percocet po q 4 ^h , max Ultrason Keopren noted 9/22 @ 0935 J. Camardese / M. Armstrong	FR MA

FD0113

ORIGINAL FOR CHARTS
DOCTOR'S ORDER FORM

C:\MSD\PHARMACY\FORMS\13.FRM

500685.011.0380

St. Mary's Regional Medical Center
Lewiston, ME

Discharge Instructions

Page 1

7259582 NS NR 221842
9/16/97 MAILNOT. PAUL
FANTOZZI, RONALD N
40 POLAND RD
AUBURN ME 04210
035Y /62 M/W 207-7828975
218103-01 99990053

Diagnosis:

Left Ureteral Calculus
Cystourethroscopy and insertion of (L) Ureteral Stent

Medication/Treatment:

Hytrin 1mg : tablet daily at bedtime
Valium 5mg 1 tablet (3) three times a day
Cipro 500mg 1 tablet twice a day for
10 days

Percocet 1 or 2 tablets every 4 hours as

POOR COPY

needed for pain

Strawberry Colostomy Every 8 hours

or as needed See Self Catheterization

Instructions given

Call Dr. Hurlbut if temp of 101 or greater or
if pain at 783-7892

Patient Signature: X Ronald J. Fantozzi

Date: _____

Nurse's Signature: Jeanne RN

Dept./Ext. #.

777-8309

Physician Signature (Optional): _____

White - Patient Copy

Yellow - Facility Copy

Pink - Physician Copy

120701

St. Mary's Regional Medical Center
Lewiston, ME

Discharge Instructions

Page 2

7259582 NS NR 221542
9/16/97 NAILHOT, PAUL E
FANTOZZI, RONALD N
40 POLAND RD
AUBURN ME 04210
C35Y 62 N/K 207-7823873
218103-01 99990089

Activity:	Equipment Needs	Exercises:	Personal Care:
<input type="checkbox"/> Bed rest	_____	<input type="checkbox"/> See attached	<input type="checkbox"/> Bathing/dressing
<input type="checkbox"/> Up for meals/ bathroom only	_____	<input type="checkbox"/> None	<input type="checkbox"/> Toileting
<input type="checkbox"/> No intercourse			
<input checked="" type="checkbox"/> No driving	Precautions/Restriction <u>Take it easy</u>		POOR COPY
<input type="checkbox"/> Resume normal activity	_____		

Diet:

- ☒ No restrictions
☐ Drink at least _____
☐ Diet Explained/Copy Provided
☐ Restrictions _____

Respiratory:

[Handwritten signature]

Social Service:

- Equipment - _____ Name of Company _____ Phone # _____
 Home Health Agency: (Circle) NSG / Aide / Homemaker / OT / Speech / PT / Social Worker
 Name: _____ Phone #: _____
 Hospital Social Worker - Name: _____ Phone #: _____
 Other: _____

Appointments (Physician, Tests, PT, OT, Speech, Diabetes Educators)

Flu with Dr. Marshall PRN 783-7892
 Dr. Marshall's Office will call you to discuss
 Intracapsy in AM

Patient Signature: *[Handwritten signature]*

Date: 9/22/97

Nurse Signature: *[Handwritten signature]*

Dept./Ext #: 77-83091

Physician Signature (Optional): _____

White - Patient Copy

Yellow - Facility Copy

Pink - Physician Copy

[illegible]

500685.011.0383

2002

72-9582
FBI-WFO
Rovine

ADDRESS PLATE

ST. MARY'S REGIONAL MEDICAL CENTER
INTRAVENOUS SOLUTION ADMINISTRATION RECORD

7259582 MS 221348
16/97 HAILNOT, PAUL E
TOZZI, RONALD H
40 POLAND RD
RE 04210
103-01 62 1/8 207-7623673
9990089

St. Mary's Medical Center
103-01
St. Mary's Medical Center
103-01

ADDRESS PLATE HERE

DATE	NOTES	Q	VOL ML	BASIC SOLUTION	KCL mEq	Via BAC	OTHER MEDICATIONS	TIME DUE	TIME HUNG	RATE PER HOUR	INIT.
9/16/97		1	1000	LR					1530	12.5	SC
9/16/97	Prep	2	1000	LR						12.5	ALG
9/17	OK	1	1000	LR							NG
9/17	OK	1	1000	LR						12.5	NG
9/17			1000	LR					7:22	12.5	NG
9/18			1000	LR					17	12.5	NG
9/18			1000	LR					2:4	12.5	NG
9/18			1000	LR					19	12.5	NG

Fantine R. Smith

Fantine R. Smith

St. Mary's Regional Medical Center

Patient Valuable List

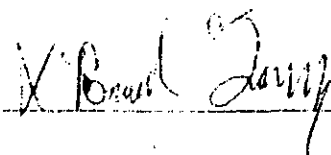
7259582 MS MR 221342
 9/16/97 NAILHOT, PAUL R
 FANTCZ21, RONALD M
 40 FOLAND RD
 AUBURN ME 04210
 C35Y 62 4/4 207-7823673
 210403-01 99990089

(X)	Item	Description
<input type="radio"/>	Eye Glasses	
<input type="radio"/>	Hearing Aid(s)	
<input type="radio"/>	Dentures/Partials	
	Money	\$ 10.00
<input type="radio"/>	Jewelry	
<input type="radio"/>	Canes, Walker, Wheel Chair	
<input type="radio"/>	Medication (please send home if possible)	
<input type="radio"/>	Other	Clothes - shirt, pants, shoes, etc.

Release from Responsibility for Personal Property

I understand and agree that under no circumstances will St. Mary's be responsible for my personal property. I take full responsibility for retaining in my possession or custody any and all articles. I acknowledge that I have declared or listed all items of personal property I have chosen to keep in my possession or custody while at St. Mary's, and further acknowledge that I have been offered an opportunity to have my personal property kept in safe keeping at St. Mary's during my stay at St. Mary's, and that I have refused that offer.

Patient/Guardian Signature



Date

9/16/97

140030

SMR/RS/STNO/FORMS.PMS

500685.011.0388

Frequent Vital Signs Sheet

Date:

9/17/97

Q10x6

725958 [REDACTED] MS NR [REDACTED] 221342
9/16/67 HAILHOT, PAUL R
FANTOZZI, RONALD M
40 POLAND RD
AUBURN [REDACTED] NE 04210
[REDACTED] 62 M/W 207-7823873
218103-01 99990089

[illegible]

149074

INTERVIEW QUESTIONS

St. Mary's Regional Medical Center

Graphic Sheet

72-582 MS NR 221342
 9/16/01 MAILLOT, PAUL R
 EAST 221, DONALD H
 40 POLANO RD
 AUBURN ME 04210
 0391 602 4/M 207-3823873
 218101-01 34996089

Year	Date	Hosp.	Post-OP	Date	Hosp.	Post-OP	Date	Hosp.	Post-OP	Date	Hosp.	Post-OP	Date	Hosp.	Post-OP	Date	Hosp.	Post-OP	Date	Hosp.	Post-OP
1996	9/16			9/17			9/18			9/19			9/20			9/21			9/22		
Hours																					
Celsius Temperature																					
Pulse Rate																					
Blood Pressure																					
Respiration																					
Hemocult																					
Stools																					
Body Mass																					
Cal. Count																					
24 Hour Input																					
24 Hour Output																					

See Appendix A for details.

Respiration: 16, 18, 20, 18, 16, 18, 20, 18, 16, 18, 20, 18, 16, 18, 20, 18, 16, 18, 20, 18, 16, 18, 20

Hemocult: 10, 10

Stools: 10, 10

Body Mass: 10, 10

Cal. Count: 10, 10

24 Hour Input: PO-950, IV-3000, PO-1330, IV-3500, PO-1950, IV-3900, PO-920, IV-2100, PO-2340, IV-700, PO-2370

24 Hour Output: O-1100, B-1100, O-3915, B-1100, O-5100, B-1100, O-2750, B-1100, O-1850, B-1100, O-2475